No. 300
10.48

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16314

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY: DUNKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~SENATH~~ KENNETT
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PRESNELL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: DUNKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Salem Senath 0350
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) JONATHAN c. (Last) Wilson
4. DATE OF DEATH (Month) (Day) (Year): May 25, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: MAR 3, 1883
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): SENATH, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JONATHAN C. WILSON
13b. MOTHER'S MAIDEN NAME: MARY MALINDA GIBSON
14. NAME OF HUSBAND OR WIFE: SALLIE ANN WILSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: HERBERT WILSON ADDRESS: SENATH MO.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-5, 1950, *to* 5-25, 1950, *that I last saw the deceased alive on* 5-25, 1950, *and that death occurred at* 3:05 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. C. Wilson M.D.
23b. ADDRESS: Kennett, Missouri
23c. DATE SIGNED: 6-2-1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 5-26-50
24c. NAME OF CEMETERY OR CREMATORY: Senath Cem.
24d. LOCATION (City, town, or county) (State): Senath, Mo.

DATE REC'D BY LOCAL REG.: 6-3-1950
REGISTRAR'S SIGNATURE: Earl Husband 90
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: McDaniel Funeral Service, Inc

(Licensed Embalmer's Statement on Reverse Side) ENATH, MISSOURI

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEAL
DEPARTMENT 6-5-50
COUNTY FILE NUMBER 650-16

NOV 18 1959

VS DEC 4 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed A. J. Crawford
A. J. CRAWFORD
Licensed Embalmer No. 4466
P. O. Address SENATH, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.